

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
104						
105						
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140	1					
141	1					
142	1					
143	1					
144	1					
145	1					
146	1					
147	1					
148	1					
149	1					
150	1					
TOTAL IND.			↓		↓	↓
TOTAL DEP.			↓		↓	↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151	1					
152	1					
153	1					
154	1					
155	1					
156	1					
157	1					
158	1					
159	1					
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188	1					
189	1					
190	1					
191	1					
192	1					
193	1					
194	1					
195	1					
196	1					
197	1					
198	1					
199	1					
200	1					
TOTAL IND.			↓		↓	↓
TOTAL DEP.			↓		↓	↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
201		1				
202		1				
203		1				
204		1				
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TOTAL IND.	5					
TOTAL DEP.	91	↔	↔	↔		
TOTAL CLAIMS	96					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS